



## APPLICATION

1-800-843-0170  
adjustingexpectations.com

Thank you for your interest in working with CEFCO National Claims Services, Inc., dba CNC Catastrophe & National Claims, also referred to as “CNC” and “Company”, as an independent contractor and/or at-will employee catastrophe insurance adjuster and/or claims processor (non-catastrophe assignments) and/or office staff/examiner. All applications will be considered without regard to race, color, religion, sex, national origin, age, disability, veteran status, military obligations, genetic information and any other characteristic protected by law.

Before approving any applicant for assignment, the Company will consider the results of a thorough background check, which may include prior employment and education verification, verification of adjuster licensure and any other credentials required by law or client requirements, criminal conviction record, driving record, pre-employment drug-screening and other areas.

### INSTRUCTIONS AND INFORMATION

You **MUST** complete this application **IN FULL** in order to be considered to work with CNC as an as an independent contractor and/or at-will employee catastrophe insurance adjuster and/or claims processor (non-catastrophe assignments) and/or office staff/examiner. Make sure that all the information you supply is **complete** and **correct**. Failure to do so may result in disqualification from consideration or termination. The information provided in this application will be used to determine your eligibility.

**Please print legibly.** Please complete **ALL** areas below.

### POSITIONS YOU ARE APPLYING FOR

<input type="checkbox"/> Adjuster Adjuster license/NFIP FCN required	<input type="checkbox"/> Processor	<input type="checkbox"/> Office staff/examiner
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### PERSONAL INFORMATION

Name (Last, First, Middle Initial): Note: Use Your Full <u>Legal</u> Name			
Address (Street, City, State, Zip Code)			Email Address
Home Phone Number ( )	Work Phone Number ( )	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone Number ( )
Emergency Contact Name		Emergency Contact Phone Number Cell ( ) Home ( )	

In what states do you hold valid insurance adjuster's licenses? (list all and submit copies with your application).

State \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 State \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 State \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 State \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
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 State \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 State \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Attach a separate sheet for additional states.

Are you Auto Certified?

Yes  No If yes, list carriers:

Are you Property Certified?

Yes  No If yes, list carriers:

Do you have a valid NFIP card?  Yes  No

If yes, cert. start date \_\_\_\_\_

Expiration date \_\_\_\_\_

For reference purposes, have you worked or attended school under other names?

Yes  No If yes, List Name(s):

Can you travel on short notice for extended periods of time?

Yes  No

Have you previously worked with CNC as an adjuster?  Yes  No

If yes, list the month and year of your most recent assignment?

Do you have a valid Driver's License?  Yes  No

Are you related to anyone who is currently employed with CNC or who works with CNC as an independent contractor?  Yes  No List name(s) and relationship:

Do you have reliable transportation?  Yes  No

Are you comfortable working outdoors in inclement weather including humidity, heat, sun and cold?  Yes  No

Are you willing and able to carry and climb a ladder to inspect and/or measure roofs of dwellings and other structures?  Yes  No

Are you willing and able to inspect and measure all interior and exterior areas of dwellings and other structures, including but not limited to basements, attics, crawl spaces?  Yes  No

Are you **ineligible** to handle claims for any insurance company?  Yes  No If yes, please explain:

Are you legally authorized to work in the U.S.?

Yes  No *If employment is offered, you must show documents for verification that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.*

How did you hear about CNC Resource?

**EDUCATION & CREDENTIALS**

Name and Location of High School (city and state)	High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list all post-high school education beginning with **most recent**. Indicate a diploma or degree, if completed.

Name & Location of School (city and state)	# of yrs. completed	Graduated	Degree/Diploma	Course of Study
		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, approximate number of credit hours completed.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, approximate number of credit hours completed.	

Applicants may be required to submit official copies of educational transcripts.

**Relevant Skills/Language Fluency/Other Certification & Training** (check box for all that apply)

<input type="checkbox"/> Basic computer operations	<input type="checkbox"/> Word processing	<input type="checkbox"/> Working with spreadsheets	<input type="checkbox"/> Email usage
<input type="checkbox"/> Simsol	<input type="checkbox"/> Xactimate	<input type="checkbox"/> Symbility	<input type="checkbox"/> Mitchell software
<input type="checkbox"/> Adobe Acrobat Reader/Writer	<input type="checkbox"/> Lift and carry up to 35 pounds	<input type="checkbox"/> Other adjusting software (specify)	
<input type="checkbox"/> Fluent in English	<input type="checkbox"/> Fluent in Spanish	<input type="checkbox"/> Fluency in other languages (specify)	

**SKILLS/CERTIFICATIONS:** List other skills or certifications relevant to working as an adjuster not previously listed, including certifications, professional licenses, relevant training, and other relevant knowledge. **Please attach copies of relevant licenses and certifications.**

**REQUIRED EQUIPMENT: What items do you own or have access to use for adjusting assignments?** (check box for all that apply)

Smartphone <input type="checkbox"/> Yes <input type="checkbox"/> No	Laptop computer <input type="checkbox"/> Yes <input type="checkbox"/> No
Digital camera <input type="checkbox"/> Yes <input type="checkbox"/> No	l-pad3 or better - must be 3G or 4G with not less than 16GB of memory, with camera and Wi-Fi capability <input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "No" to any of the required equipment items, are you willing to acquire each item (at your expense) prior to accepting adjusting assignments, if such assignments are offered?  Yes  No

**PREVIOUS CLAIMS ADJUSTING EXPERIENCE:** Please list the ten most recent catastrophes you have worked as a claims adjuster. If you have worked fewer than ten events, please list all events you have worked.

1.

Event:	Start Date:	End Date:	Number of Claims:
Organization Name:		Supervisor's Name:	
Duties:			

2.

Event:	Start Date:	End Date:	Number of Claims:
Organization Name:		Supervisor's Name:	
Duties:			

**CONTINUATION OF PREVIOUS CLAIMS ADJUSTING EXPERIENCE**

**3.**

Event:	Start Date:	End Date:	Number of Claims:
Organization Name:		Supervisor's Name:	
Duties:			

**4.**

Event:	Start Date:	End Date:	Number of Claims:
Organization Name:		Supervisor's Name:	
Duties:			

**5.**

Event:	Start Date:	End Date:	Number of Claims:
Organization Name:		Supervisor's Name:	
Duties:			

**6.**

Event:	Start Date:	End Date:	Number of Claims:
Organization Name:		Supervisor's Name:	
Duties:			

**7.**

Event:	Start Date:	End Date:	Number of Claims:
Organization Name:		Supervisor's Name:	
Duties:			

**8.**

Event:	Start Date:	End Date:	Number of Claims:
Organization Name:		Supervisor's Name:	
Duties:			

**9.**

Event:	Start Date:	End Date:	Number of Claims:
Organization Name:		Supervisor's Name:	
Duties:			

10.

Event:	Start Date:	End Date:	Number of Claims:
Organization Name:		Supervisor's Name:	
Duties:			

**EMPLOYMENT HISTORY:** List all current and previous employment (other than catastrophe claims adjusting work referenced above) for the last ten years, including military service, **starting with the most recent position held**. Whether or not you attach a resume, this section must be completed in its entirety. Information will be used in reference checks. Failure to completely and truthfully answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ per _____ Final: \$ _____ per _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			

Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ per _____ Final: \$ _____ per _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			

Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ per _____ Final: \$ _____ per _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			

Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ per _____ Final: \$ _____ per _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			

**CONTINUATION OF EMPLOYMENT HISTORY:**

Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ per _____	Final: \$ _____ per _____	Organization Name/Address	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			

**REFERENCES:** List three persons who may be contacted as professional references regarding your work experience and/or professional education/training. Do not list family members.

Name(First & Last)	Street Address (or P.O. Box)	City	State	Zip	Telephone Number(s)	Email Address

**PLEASE READ CAREFULLY**

I certify that the above statements are true and complete. I understand that any false information or omissions (including, but not limited to, failure to reveal prior employers) in this application or its supporting documents, or in an interview, will be sufficient grounds for refusal to consider me for work, as an independent contractor and/or at-will employee catastrophe insurance adjuster and/or claims processor (non-catastrophe assignments) and/or office staff/examiner, and to terminate my relationship with CNC as an independent contractor or employee, if such is offered. **I understand that completion of this application in no way constitutes an offer of employment or assignment as an independent contractor.** I understand that this application form will be active for 30 days from the date of completion. If I wish to be considered to work with CNC after that time, I understand that I will be required to complete and submit a new application form.

I authorize CNC to obtain information about me from my previous employers and to review my education, previous employment, driving records, criminal records, references, professional licenses and other background data. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I also acknowledge that a pre-employment or pre-assignment drug screening and further background screening may be required and agree to voluntarily consent to both, if such is required. I agree that a facsimile, electronic or photographic copy of this Application shall be valid as the original.

Acknowledgement:

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## EMPLOYMENT HISTORY CONTINUATION – Supplemental Sheet

Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ per _____ Final: \$ _____ per _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ per _____ Final: \$ _____ per _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			
Dates Employed (month/year) From: _____ To: _____		Position Title From: _____ To: _____	
Wages Start: \$ _____ per _____ Final: \$ _____ per _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ per _____ Final: \$ _____ per _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			